For General Practitioners and Practice Nurses

Breast Cancer update: Screening to Survivorship

Thursday 27th October, 2016
Panel Members

**Associate Professor Hamish Ewing**
Associate Professor Hamish Ewing is a retired General Surgeon who studied at University of Melbourne and then Royal Melbourne Hospital. Hamish helped establish the Breast Care Service at PANCH in 1996 and the multidisciplinary meeting at Northern Health in 2001. In 2011, he assumed the position of inaugural Clinical Dean for the University of Melbourne at the Northern Hospital. Hamish also worked at St Vincent’s BreastScreen assessment centre for 20 years.

**Ann Patrick**
Ann is our consumer representative who is very familiar to the health system. She has managed the Red Cross volunteer program within Northern Health Emergency Department. Ann underwent treatment for early breast cancer at Northern Health a number of years ago. She continues as a patient at Northern Health for management of her diffuse scleroderma which has impacted on her breast cancer treatment.

**Dr Emilia Greculescu**
Emilia is a GP at Wallan Medical Centre and is a Fellow of the Royal Australian College of General Practitioners. Emilia is an integral member of the Northern Health Breast Cancer Survivorship Project Reference Group.

**Dr Frances Barnett**
Frances is the Acting Director of Medical Oncology at Northern Health and attends the Northern Hospital Breast MDM.

**Mr Michael Issac**
Michael is a consultant surgeon at Northern Health. He has a special interest in the areas of Breast and Endocrine surgery and attends the Northern Hospital Breast MDM.

**Dr Michael Guiney**
Michael is a Radiation Oncologist with Radiation Oncology Victoria and consults at the radiotherapy department at the Epping Medical Centre. He has a special interest in the management of breast cancer and attends the Northern Hospital Breast MDM.

**Cheryl Murray**
Cheryl completed her nursing degree in 1993. Cheryl completed her Breast Care Nurse course through LaTrobe University and Cancer Council Victoria in 2003 and commenced work as a Northern Health Breast Care Nurse in 2005.
Support: Assess supportive care needs at every step of the pathway and refer to appropriate health professionals or organisations.

**Optimal care pathway for women with breast cancer**

**Step 1**
**Prevention and early detection**

**Risk factors**: Age, sex, family history, obesity and moderate/heavy alcohol intake are important risk factors. All women should have their individual breast cancer risk assessed. Women at moderate or high risk should be referred to a family cancer clinic to have their risk further clarified and for possible genetic testing.

**Risk reduction**: For women at moderate or high risk of breast cancer, anti-hormonal risk-reducing medication should be considered. Women at very high risk should consider risk-reducing surgery. The surgeon should provide clear information about the objective of the procedure.

**Signs and symptoms**: The following should be investigated:
- a new lump or lumpiness
- a change in the size or shape of a breast
- a change to a nipple
- nipple discharge that occurs without squeezing
- a change in the skin of a breast
- axillary masses
- an unusual breast pain that does not go away.

**Assessments by a general practitioner (GP)**

GP should refer all women with a suspicious lesion to a breast assessment clinic.

Examinations/investigations should include a triple test of three diagnostic components:
- medical history and clinical breast examination
- imaging – mammography and/or ultrasound
- non-excision biopsy – fine needle aspiration (FNA) cytology and/or a core biopsy.

These tests should be done within two weeks.

**Referral**: A positive result on any component of the triple test warrants referral for specialist surgical assessment and/or further investigation. Optimally, the specialist appointment should be within two weeks of a suspected diagnosis.

**Diagnostic work-up for women with breast cancer**: Family history and a medical examination, then following sequence of investigations:
- breast imaging tests
- ultrasound of the axilla +/- FNA nodes
- breast core biopsy if not already undertaken
- establishment of breast cancer receptor profile
- assessment for a breast cancer predisposition gene and considered for genetic counselling.

**Staging**: Appropriate for locally advanced or confirmed nodal disease and for any women with clinical symptoms or clinical suspicion of metastatic disease.

**Treatment planning**: All newly diagnosed women should be discussed by a multidisciplinary team so that a treatment plan can be recommended. Special considerations that need to be addressed at this stage include pregnancy, fertility and prevention of chemotherapy-induced menopause.

**Research and clinical trials**: Consider enrolment where available and appropriate.

**Step 2**
**Presentation, initial investigations and referral**

**Communication – lead clinician to:**
- provide the woman with information that clearly describes who they are being referred to, the reason for referral and the expected timeframe for an appointment
- support the woman while waiting for the specialist appointment.

**Step 3**
**Diagnosis, staging and treatment planning**

**Communication – lead clinician to:**
- discuss a timeframe for diagnosis and treatment with the woman/carer
- explain the role of the multidisciplinary team in treatment planning and ongoing care
- provide appropriate information or refer to support services as required.

---

1 Lead clinician – the clinician who is responsible for managing patient care. The lead clinician may change over time depending on the stage of the care pathway and where care is being provided.
Cancer survivors should be provided with the following to guide care after initial treatment.

Treatment summary:
- diagnostic tests performed and results
- tumour characteristics
- type and date of treatment(s)
- interventions and treatment plans from other health professionals
- supportive care services provided
- contact information for key care providers.

Follow-up care plan:
- medical follow-up required (tests, ongoing surveillance)
- care plans for managing the late effects of treatment
- a process for rapid re-entry to medical services for suspected recurrence.

Communication – lead clinician to:
- discuss treatment options with the woman/carer including the intent of treatment and expected outcomes
- discuss the treatment plan with the woman’s GP.

Step 4
Treatment: Establish intent of treatment:
- curative
- anti-cancer therapy to improve quality of life and/or longevity without expectation of cure
- symptom palliation.

Treatment options:
Surgery: Surgery for early breast cancer involves either breast-conserving surgery or mastectomy performed with or without immediate breast reconstruction surgery. Women should be fully informed of their options and offered the option of immediate or delayed reconstructive surgery if appropriate.

Chemotherapy and other systemic therapy:
Chemotherapy or drug therapy may be appropriate as neoadjuvant or adjuvant treatment.

Radiation therapy: In most cases, radiation therapy is recommended for women with early breast cancer after breast-conserving surgery and in selected women after mastectomy.


Step 5
Care after initial treatment and recovery
Cancer survivors should be provided with the following to guide care after initial treatment.

Treatment summary (provide a copy to the woman/carer and her GP) outlining:
- diagnostic tests performed and results
- tumour characteristics
- type and date of treatment(s)
- interventions and treatment plans from other health professionals
- supportive care services provided
- contact information for key care providers.

Follow-up care plan (provide a copy to the woman/carer and her GP) outlining:
- medical follow-up required (tests, ongoing surveillance)
- care plans for managing the late effects of treatment
- a process for rapid re-entry to medical services for suspected recurrence.

Communication – lead clinician to:
- explain the treatment summary and follow-up care plan to the woman/carer
- inform the woman/carer about secondary prevention and healthy living
- discuss the follow-up care plan with the woman’s GP.

Step 6
Managing recurrent, residual and metastatic disease
Detection: Some cases of recurrent disease will be detected by routine follow-up in a woman who is asymptomatic. Some cases of metastatic disease will be detected at the same time as presentation with the initial primary breast cancer (‘de novo metastatic disease’).

Treatment: Where possible, refer the woman to the original multidisciplinary team. Treatment will depend on the location, the extent of recurrence, previous management and the woman’s preferences.

Palliative care: Early referral can improve quality of life and in some cases survival. Referral should be based on need, not prognosis.

For detailed information see <http://annonc.oxfordjournals.org/content/early/2014/09/17/annonc.mdu385.full.pdf+html>.

Communication – lead clinician to:
- explain the treatment intent, likely outcomes and side effects to the woman/carer
- initiate a discussion regarding advance care planning if appropriate.

Step 7
End-of-life care
Palliative care: Consider referral to palliative care if not already involved. Ensure that an advance care plan is in place.

Communication – lead clinician to:
- be open about the prognosis and discuss palliative care options with the woman/carer
- establish transition plans to ensure the woman’s needs and goals are addressed in the appropriate environment.


This work is available at: www.cancer.org.au/ocp
What to expect during each stage of treatment and beyond

Breast cancer support
For free resources about breast cancer, or to find support available in your area, call Breast Cancer Network Australia on 1800 500 258 or visit www.bcna.org.au.
You can also speak to qualified cancer nurses at the Cancer Council on 13 11 20. They can answer your questions about the effects of cancer, explain what will happen during treatment and link you to support groups and other community resources.
If you need an interpreter, call TIS (Translating and Interpreting Service) on 13 14 50. For support and advice for carers, call the Carers Association on 1800 242 636.

1. Initial investigations and referral
Your general practitioner (GP) will assess any symptoms you may notice (for example, a change in the size or shape of your breast or a new lump), conduct a physical examination and arrange tests.
Your GP should also discuss your needs (including physical, psychological, social and information needs) and recommend sources of reliable information and support.
Tests you may have:
- **Mammography**
  A low-dose x-ray of the breasts. Each breast is pressed between two x-ray plates to spread the breast tissue so that clear pictures can be taken. A mammography can detect changes that are too small to be felt during a physical examination.

2. Diagnosis and staging
Your specialist may conduct further tests to find out the stage of the cancer (how big it is and whether it has spread to other parts of the body).
You should also meet with a health professional (usually a breast care nurse), who will discuss your needs with you during and after treatment (including physical, psychological, social and information needs) and may refer you to another health professional (for example, a social worker or a physiotherapist) for different aspects of your care.
It can be helpful to contact cancer peer support groups and support groups for carers.

3. Treatment
To ensure you receive the best care, your specialist will arrange for a team of health professionals to plan your treatment based on your preferences and needs.
The team will be made up of health professionals who have experience managing and supporting women with breast cancer. Your specialist will tell you when the team will be discussing your case.
Your doctor should discuss the different treatment options with you including the likely outcomes, expected timeframes, possible side effects and the risks and benefits. For younger women, your team should also discuss the option of fertility preservation and provide clear information about the risk of early menopause and hormonal changes.
You might want to ask for more time before deciding on your treatment, or ask for a second opinion. Your doctor may also suggest you consider taking part in a clinical trial. If you wish, you can ask for a referral to a fertility service and/or genetic counsellor to help you evaluate your options.

Let your team know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment.
There are a number of ways to treat breast cancer including surgery, radiation therapy and chemotherapy or drug therapy. Usually, more than one type of treatment is recommended to get the best outcome.

**Treatment options:**
- **Surgery**
  Surgery is the most common treatment for early breast cancer. It involves either breast-conserving surgery, where only the cancer and a small amount of healthy tissue is removed, or mastectomy, where the breast is removed. You should be fully informed of your options and offered the option of immediate or delayed reconstructive surgery if undergoing a mastectomy.
3. Treatment Cont’d

**Chemotherapy, targeted/biological therapy (for example, trastuzumab) or hormone/endocrine therapy (for example, tamoxifen)**
This may benefit some women with breast cancer. Could be given before or after surgery.

**Radiation therapy (also called radiotherapy)**
This treatment may benefit some women with early breast cancer (after surgery).

For more information about treatment and treatment side effects ask your doctor or visit www.bcna.org.au/resources.

4. After treatment

After your treatment is completed, your doctor should provide you with a treatment summary that details the care you received including:
- diagnostic tests that were performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- supportive care services provided to you.

To monitor your health and make sure the cancer has not returned, you may need regular check-ups. You and your GP should receive a follow-up care plan that tells you about:
- the type of follow-up that is best for you
- types of tests that you may continue to have (it is not usually necessary to have a lot of body scans but annual breast imaging, if appropriate, is important)
- care plans for managing any side effects of treatment should they occur
- how to get specialist medical help quickly if you think the cancer has returned.

Your doctor should:
- discuss your needs with you and refer you to appropriate health professionals and/or community organisations, if support is required
- provide information on the signs and symptoms to look out for that might mean a return of the cancer
- provide information on prevention and healthy living.

5. If cancer returns

Sometimes breast cancer can come back after treatment. Everyone is different, and the risk of cancer returning will be influenced by many different things including the type of breast cancer. This is why it is important you have regular check-ups that include a physical examination and breast imaging if appropriate.

6. Living with cancer

**Side effects:** Some people experience side effects (for example, weight changes or tiredness) that continue beyond the end of treatment. Side effects sometimes might not begin until months after treatment has finished.

For more information about side effects ask your doctor or visit http://cancervic.org.au/about-cancer/survivors/long-term-side-effects.

**Advance care plan:** Your doctor may discuss with you the option of developing an advance care plan. An advance care plan is a formal way of setting out your wishes for future medical care.

For more information about advance care planning ask your doctor or visit www.advancecareplanning.org.au.

**Palliative care:** This type of treatment could be used at different stages to help you with pain relief, to reduce symptoms or to help improve your quality of life.

For more information about palliative care ask your doctor or visit www.palliativecare.com.au.

7. Questions of cost

There can be cost implications at each stage of the cancer care pathway, including costs of treatment, accommodation and travel. There can be substantial out-of-pocket costs if you are having treatment in a private health service, even if you have private health insurance.

You can discuss these costs with your doctor and/or private health insurer for each type of treatment you may have. If you are experiencing financial difficulties due to your cancer treatment you can contact the social worker at your local hospital.


For more information about accommodation and travel costs visit www.cancercouncil.com.au/get-support/practical-support-services.

Some breast cancers are found through mammographic screening. The BreastScreen Australia Program is available free of charge to women from age 40. It is recommended that if you are aged 50–74 you consider undergoing a screening mammogram every two years.

Visit www.breastscreen.org.au
Multidisciplinary Meeting
Communication with GPs
Dear Dr GP

Re: Patient Name: ANASTASIA
Date of Birth: 1/01/1955
Northern Health UR: 000000
Consultant responsible: Mr TNH

Your patient was discussed at the Northern Health Breast Multidisciplinary Meeting (MDM) on 14/10/2016.

The Breast MDM is a weekly meeting which includes a multidisciplinary approach to the treatment and care planning of patients with new or recurrent breast related conditions.

The information below outlines your patient's diagnosis and recommended management plan.

Neoplasm type: Breast
Histology: Invasive ductal carcinoma
Receptors:
  ER: Positive
  PR: Positive
  HER 2: Negative
Stage: T N M
  Stage
Date of diagnosis: 01/01/2016
Procedure: Shared Care
Shared Care Plan: To be review post adjuvant Rx

Please note that the final treatment plan may differ from the recommendations outlined below. The patient, in consultation with members of the treating team, will be involved in the final decisions about the treatment and care plan.

Recommended management plan:

**Surgery,**

Additional information:

**Wide Local Excision + Sentinel Lymph Node Biopsy**

If you have any questions regarding your patient's care, please contact:

Breast Care Nurse
Northern Health
Ph. 8405 8805

Kind regards,

Breast Multidisciplinary Team
Northern Health
Dear Dr GP

Re: Patient Name  ANASTASIA ANASTASIA
Date of Birth  1/01/1955
Northern Health UR  0000000

Consultant responsible  Mr TNH

Your patient was discussed at the
Northern Health Breast Multidisciplinary Meeting (MDM) on 14/10/2016.

The Breast MDM is a weekly meeting which includes a multidisciplinary approach
to the treatment and care planning of patients with new or recurrent breast
related conditions.

The information below outlines your patient's diagnosis and recommended
management plan.

Neoplasm type  Breast
Histology  Invasive ductal carcinoma
Receptors
ER:  Positive
PR:  Positive
HER 2:  Negative
Stage  T 2 N 0 M x Stage IIA
Date of diagnosis  01/01/2016
Procedure  Wide Local Excision + Sentinel Lymph Node
            Biopsy
Shared Care  Yes
Shared Care Plan  To be review post adjuvant Rx

Please note that the final treatment plan may differ from the recommendations
outlined below. The patient, in consultation with members of the treating team,
will be involved in the final decisions about the treatment and care plan.

Treatment intent  Curative

Recommended management plan:
Chemotherapy, Radiotherapy, Hormonal therapy

Additional information:

If you have any questions regarding your patient's care, please contact:

Breast Care Nurse
Northern Health
Ph. 8405 8805

Kind regards,

Breast Multidisciplinary Team
Northern Health
Supportive Care Screening
Name: ANASTASIA Anastasia
Date of birth: 01/01/1955
Northern Health UR 0000000

PATIENT TO COMPLETE THIS FORM

Distress Thermometer Instructions:
First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today. Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES NO Practical Problems
☐ Child Care
☐ Housing
☐ Insurance/financial
☐ Transportation
☐ Work/school
☐ Treatment decisions

Family Problems
☐ Dealing with children
☐ Dealing with Partner
☐ Ability to have children
☐ Family Health issues

Emotional Problems
☐ Depression
☐ Fears
☐ Nervousness
☐ Sadness
☐ Worry
☐ Loss of interest in usual activities
☐ Spiritual/religious concerns

YES NO Physical Problems
☐ Appearance
☐ Bathing/Dressing
☐ Breathing
☐ Changes in urination
☐ Constipation
☐ Diarrhoea
☐ Eating
☐ Fatigue
☐ Feeling Swollen
☐ Fevers
☐ Getting around
☐ Indigestion
☐ Memory/concentration
☐ Mouth Sores
☐ Neusea
☐ Nose dry/Congested
☐ Pain
☐ Sexual
☐ Skin dry/itchy
☐ Sleep
☐ Substance abuse
☐ Tingling in hands/feet

Other problems: __________________________________________

Distress thermometer and concern checklist completed by:
☐ Patient
☐ Patient with clinician
☐ Patient with interpreter
☐ Screen declined

Clinician Name: [Signature]

Language: [Signature]

Relationship to patient: 

Reason: 

Designation: 

Date: 04/16
Time: 

Please sign [Signature] and send form to CDM for scanning

Survivorship Care Plan
## Diagnosis and Treatment Summary

<table>
<thead>
<tr>
<th>Diagnosis &amp; History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnosis date</strong></td>
<td>March 2016 Breast screen diagnosed</td>
</tr>
<tr>
<td><strong>Histological diagnosis</strong></td>
<td>Type: Ductal Grade: 3 Size: Grade 24mm ER: +ve strong PR: +ve weak Her2: -ve</td>
</tr>
<tr>
<td><strong>Nodal status</strong></td>
<td>0:1</td>
</tr>
<tr>
<td><strong>Menopausal status at diagnosis</strong></td>
<td>Post-Menopausal</td>
</tr>
<tr>
<td><strong>Family history of breast cancer</strong></td>
<td>No No genetic testing required</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td>Type: Left Wide localised Excision &amp; Sentinel Node bx</td>
</tr>
<tr>
<td><strong>Surgeon name</strong></td>
<td>Ms Wanda Stelmach</td>
</tr>
<tr>
<td><strong>Radiotherapy provider</strong></td>
<td>Dr Michael Guiney ROV EPPING</td>
</tr>
<tr>
<td><strong>Radiotherapy</strong></td>
<td>Field: Breast End date: Mid October</td>
</tr>
<tr>
<td><strong>Chemotherapy</strong></td>
<td>Type: TC (Taxotere Cyclophosphamide) Number of cycles: x 4</td>
</tr>
<tr>
<td><strong>Biological therapy</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Hormonal therapy</strong></td>
<td>Type: Arimidex Start Date: October 2016 Planned end: October 2021+ extend to 10 years</td>
</tr>
</tbody>
</table>

### Investigations

- **Last mammogram**
  - Date: March 2016
  - Copy of last result attached: Yes
- **Bone density**
  - Date: August 2016
  - Copy of last result attached: Yes

### Schedule for Follow-Up Visits

*If first GP appointment is not attended, rebook patient within one month. If second appointment is not attended, request Northern Health Breast Care Nurse make contact with the patient by faxing 03 8405 8583.*

<table>
<thead>
<tr>
<th>Date</th>
<th>Provider Responsible (e.g. GP / hospital)</th>
<th>Purpose of Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early March 2017</td>
<td>Anastasia</td>
<td>TNH Mammo, Oncology review, annual Mammo review</td>
</tr>
<tr>
<td>Late March 2017</td>
<td>TNH Oncology review</td>
<td>Surgical review (Stelmach)</td>
</tr>
<tr>
<td>June 2017</td>
<td>TNH Surgical review</td>
<td>GP review. See following guidelines</td>
</tr>
<tr>
<td>September 2017</td>
<td>TNH Oncology review</td>
<td>Oncology review</td>
</tr>
<tr>
<td>December 2017</td>
<td>TNH Oncology review</td>
<td></td>
</tr>
<tr>
<td>Early March 2018</td>
<td>Anastasia</td>
<td>TNH Mammo</td>
</tr>
<tr>
<td>Late March 2018</td>
<td>TNH Surgical review</td>
<td>Surgical review (Stelmach), annual Mammo review</td>
</tr>
<tr>
<td>June 2018</td>
<td>GP</td>
<td>GP review. See following guidelines</td>
</tr>
<tr>
<td>September 2018</td>
<td>TNH Oncology review</td>
<td>Oncology review</td>
</tr>
<tr>
<td>Early March 2019</td>
<td>Anastasia</td>
<td>TNH Mammo</td>
</tr>
<tr>
<td>Late March 2019</td>
<td>TNH Surgical review</td>
<td>Surgical (Stelmach) and Oncology, annual Mammo review</td>
</tr>
<tr>
<td>September 2019</td>
<td>GP</td>
<td>GP review. See following guidelines</td>
</tr>
<tr>
<td>Early March 2020</td>
<td>Anastasia</td>
<td>TNH Mammo</td>
</tr>
<tr>
<td>Late March 2020</td>
<td>TNH Oncology and surgical GP</td>
<td>Surgical (Stelmach) and Oncology, annual Mammo review</td>
</tr>
<tr>
<td>September 2020</td>
<td>GP</td>
<td>GP review. See following guidelines</td>
</tr>
<tr>
<td>Early March 2021</td>
<td>Anastasia</td>
<td>TNH Mammo</td>
</tr>
<tr>
<td>Late March 2021</td>
<td>TNH Oncology and surgical GP</td>
<td>Surgical review (Stelmach) and Oncology, annual Mammo review</td>
</tr>
<tr>
<td>October 2021</td>
<td>TNH Oncology review</td>
<td>Discharged from surgical review. Oncology review to discuss cessation of AI or extending to 10 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cease AI discharged from THN and annual Mammo and review with GP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If extended, TNH oncology annual review and Mammo to March 2026 and annual GP review to September 2026</td>
</tr>
</tbody>
</table>
## Breast Care Nurse Consultation date: 02/02/2017

<table>
<thead>
<tr>
<th>Domain</th>
<th>Issues / Symptoms</th>
<th>Action / Referral / Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormonal therapy</td>
<td>Commenced Arimidex October 2016 Some hot flushes during the day and at night causing some sleep disturbance. Some hand and knee joint pain</td>
<td>Generally tolerating the arimidex, no intervention required. Strategies for hot flushes, exercises and analgesia discussed for joint pain.</td>
</tr>
<tr>
<td>Psichosocial/ Mental Health</td>
<td>Anastasia has shown resilience with her cancer diagnosis and good support from family and friends. At times feels up and down since dx but no intervention required</td>
<td>Aware of TNH resources of social work and psychologist and external resources, support group, CCV, and able to access mental health care plan from GP.</td>
</tr>
<tr>
<td>Lifestyle (exercise/nutrition/ weight/bone health)</td>
<td>Anastasia is concern with some weight gain since chemo and commencement of AI.</td>
<td>Discussed weight loss and exercise. Anastasia consented to join HLac (Healthy Living after Cancer) program with CCV. Bone health also discussed. Encouraged to attend WALC sessions at TNH (Wellness and Life after Cancer Program).</td>
</tr>
<tr>
<td>Menopause</td>
<td>Anastasia was menopausal prior to her dx and was asymptomatic. Now has the occasional hot flush which she finds more of an inconvenience and can cause sleep disturbance. No vaginal dryness</td>
<td></td>
</tr>
<tr>
<td>Sexuality</td>
<td>No loss in libido. No vaginal dryness. Continues to enjoy intimacy with her husband</td>
<td>All areas discussed, no interventions required.</td>
</tr>
<tr>
<td>Fertility</td>
<td>N/A</td>
<td>Not for genetic testing, feelings normalised and support given. Coping strategies discussed. Discussed breast screen for daughters. Encouraged to use revitanail.</td>
</tr>
<tr>
<td>Other (e.g. family history)</td>
<td>Anastasia worries about her daughters getting breast cancer and worries about recurrence. No peripheral neuropathy issues and hair slowly growing back. Nails thin with some ridges.</td>
<td></td>
</tr>
</tbody>
</table>
Note: This service agrees to be involved in appropriate team care arrangements, for example to contribute to a care plan for the patient under MBS item 721 (GP management plan), 723 (team care plan) or a GP Mental Health Treatment Plan.

Breast Surgeon
Name: Mrs Wanda Stelmach  Signature:  Date: 16/02/2017

Medical Oncologist
Name: Dr Frances Barnett  Signature:  Date: 16/02/2017

Breast Care Nurse
Name: Mrs Cheryl Murray  Signature:  Date: 16/02/2017

Rapid Referrals and Support – Northern Health Breast Service

Routine referrals to Breast Service:
ACETS
Phone: 9495 3443
Fax: 9467 8698

Non-urgent clinical advice and information on hospital care:
Breast Care Nurse
Phone: 8405 8805
Email: cheryl.murray@nh.org.au

Urgent referrals to Breast Service:
Breast Service Secretary
Phone: 8405 8000
Fax: 8405 8583

Urgent advice:
Surgical 2 Registrar or AGSU Registrar
Pager no: 181 or 394
Oncology Registrar Pager no: 905

Breast cancer guidelines are available on the Cancer Australia website: canceraustralia.gov.au

Cancer Australia Familial Risk Assessment – Breast and Ovarian Cancer:

Arranging Imaging (GP to organise after 5 years)

TNH: HealthCare Imaging Service
Phone: 8405 9600
Fax: 8405 9690

Mammograms and ultrasounds can be arranged by completing the form and faxing the request form or the patient to organise. GP can use local radiology service for convenience or continue to use Health Care Imaging at The Northern Hospital. To ensure women are bulk billed, please specify history of breast cancer and breast service shared care.
The month they require the mammogram is also helpful.

EARLY BREAST CANCER FOLLOW-UP CARE PLAN

U.R. NUMBER: 0000000
SURNAME: ANASTASIA
GIVEN NAME: Anastasia
DATE OF BIRTH: 01/01/1955  SEX: Female
Follow-Up Guidelines for General Practitioners

Shared breast cancer care
The hospital Breast Service sees patients at least once per year for a mammogram and review for the first 5 years. It is recommended that you see your patient in between hospital visits. Recall systems may assist. After 5 years, the patient only needs to see you for annual check-ups.

Imaging and further investigations
Annual mammograms are organised by the hospital for up to 5 years - GP to arrange mammograms after this time locally or at The Northern Hospital. Ultrasound is generally only used to complement mammography. Please consider axilla ultrasound for patients that have had a sentinel node biopsy. Baseline DXA scan for bone density when patients start aromatase inhibitors, with further testing and management dependent on the result. If normal BMD (T>-1.5), adequate follow-up is one DXA after 1-2 years. If Osteopenia (T -1.5 to -2.5) ensure patient is on vitamin D and calcium, and retest in 12 months. If Osteoporosis (T<-2.5) treat for osteoporosis, and monitor effect of treatment. CT and bone scans only for investigation of suspicious symptoms. Blood tests only if clinically indicated.

Hormonal therapy
Tamoxifen or aromatase inhibitors may be recommended for up to 10 years and are a critical part of treatment for receptor positive breast cancer. An important part of follow-up is monitoring and encouraging adherence, which is often variable. Good adherence is associated with reduced breast cancer recurrence and improved survival. Side effects of hormonal treatment may require active management, sometimes including the use of medication to manage vasomotor symptoms or changes in treatment.

Potential side effects of treatment
Check for possible sequelae of treatment - menopause symptoms (hot flushes, sleep disturbance, vaginal dryness), abnormal vaginal bleeding, lymphoedema of the arm or breast, DVT.

Clinical examination
Examine breast/chest wall (ipsilateral and contralateral), arm on the treated side and regional lymph nodes.

Signs and symptoms that may suggest recurrence
Local or regional recurrence may present as a lump in the breast, skin or axilla. Distant recurrence may present with new, unexplained persistent pain (chest, bone, headache), shortness of breath, persistent cough, abdominal pain or loss of weight and appetite. If there is significant concern, refer back to the Breast Service for expedited review.

Family history
Family history should be reviewed. If there are new cases of breast or ovarian cancer in first or second degree relatives it may be that genetic assessment has become appropriate. In this instance, consider referring to the Breast Service for expedited review.

Psychosocial care
Assess level of psychosocial distress and the impact of the diagnosis and treatment and provide appropriate support and referral. Some women may find regular check-ups reassuring while others may associate them with increased anxiety. Where indicated, venlafaxine is the preferred anti-depressant. Escitalopram if venlafaxine is not suitable.

Recommended follow-up schedule for early breast cancer:

<table>
<thead>
<tr>
<th>Method</th>
<th>Years 1 and 2</th>
<th>Years 3 - 5</th>
<th>After 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>History and Clinical examination</td>
<td>Every 3-6 months</td>
<td>Every 6-12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Chest x-ray, bone scan, CT, PET or MRI scans, full blood count, biochemistry and tumour markers</td>
<td>Only if clinically indicated on suspicion of recurrence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from National Breast and Ovarian Cancer Centre 2010
Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

**PHYSICAL WELL-BEING**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP1 I have a lack of energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP2 I have nausea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP3 Because of my physical condition, I have trouble meeting the needs of my family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP4 I have pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP5 I am bothered by side effects of treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP6 I feel ill</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP7 I am forced to spend time in bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SOCIAL/FAMILY WELL-BEING**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS1 I feel close to my friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS2 I get emotional support from my family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS3 I get support from my friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS4 My family has accepted my illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS5 I am satisfied with family communication about my illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS6 I feel close to my partner (or the person who is my main support)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1 Regardless of your current level of sexual activity, please answer the following question</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1 Please answer the following question. If you prefer not to answer it, please mark this</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1 box and go to the next section.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS7 I am satisfied with my sex life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Last updated Jan 16
<table>
<thead>
<tr>
<th>EMOTIONAL WELL-BEING</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>GE1 I feel sad ..................................................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE2 I am satisfied with how I am coping with my illness ......................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE3 I am losing hope in the fight against my illness ..........................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE4 I feel nervous ...............................................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE5 I worry about dying .........................................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE6 I worry that my condition will get worse ......................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FUNCTIONAL WELL-BEING</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>GF1 I am able to work (include work at home) ....................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF2 My work (include work at home) is fulfilling ..............................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF3 I am able to enjoy life ..................................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF4 I have accepted my illness ............................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF5 I am sleeping well .......................................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF6 I am enjoying the things I usually do for fun ..............................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF7 I am content with the quality of my life right now ....................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### ADDITIONAL CONCERNS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>I have been short of breath.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B2</td>
<td>I am self-conscious about the way I dress.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B3</td>
<td>One or both of my arms are swollen or tender.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B4</td>
<td>I feel sexually attractive.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B5</td>
<td>I am bothered by hair loss.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B6</td>
<td>I worry that other members of my family might someday get the same illness I have.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B7</td>
<td>I worry about the effect of stress on my illness.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B8</td>
<td>I am bothered by a change in weight.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B9</td>
<td>I am able to feel like a woman.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>P2</td>
<td>I have certain parts of my body where I experience pain.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q6</td>
<td>On which side was your breast operation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Right (please circle one)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B10</td>
<td>Movement of my arm on this side is painful.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B11</td>
<td>I have a poor range of arm movements on this side.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B12</td>
<td>My arm on this side feels numb.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B13</td>
<td>I have stiffness of my arm on this side.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Menopause Rating Scale (MRS)

Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>none</th>
<th>mild</th>
<th>moderate</th>
<th>severe</th>
<th>very severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hot flushes, sweating (episodes of sweating)</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Irritability (feeling nervous, inner tension, feeling aggressive)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Anxiety (inner restlessness, feeling panicky)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Sexual problems (change in sexual desire, in sexual activity and satisfaction)</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Score = 0 1 2 3 4
Name: ANASTASIA Anastasia
Date of birth: 01/01/1955
Norther Health UR 000000

PATIENT TO COMPLETE THIS FORM

Distress Thermometer Instructions:
First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES NO Practical Problems
☐ □ Child Care
☐ □ Housing
☐ □ Insurance/financial
☐ □ Transportation
☐ □ Work/school
☐ □ Treatment decisions

Family Problems
☐ □ Dealing with children
☐ □ Dealing with Partner
☐ □ Ability to have children
☐ □ Family Health issues

Emotional Problems
☐ □ Depression
☐ □ Fears
☐ □ Nervousness
☐ □ Sadness
☐ □ Worry
☐ □ Loss of interest in usual activities
☐ □ Spiritual/religious concerns

YES NO Physical Problems
☐ □ Appearance
☐ □ Bathing/Dressing
☐ □ Breathing
☐ □ Changes in urination
☐ □ Constipation
☐ □ Diarrhoea
☐ □ Eating
☐ □ Fatigue
☐ □ Feeling Swollen
☐ □ Fevers
☐ □ Getting around
☐ □ Indigestion
☐ □ Memory/concentration
☐ □ Mouth Sores
☐ □ Nausea
☐ □ Nose dry/Congested
☐ □ Pain
☐ □ Sexual
☐ □ Skin dry/itchy
☐ □ Sleep
☐ □ Substance abuse
☐ □ Tingling in hands/feet

Other problems: ____________________________

Distress thermometer and concern checklist completed by:
☐ Patient
☐ Patient with clinician
☐ Patient with interpreter
☐ Screen declined

Clinician Name: ____________________________

Please sign ____________________________

Language: English

Reason: ____________________________

Designation: BSN

Date: 2/12/17 Time: 1000

and send form to CDM for scanning